

General Office

COUNTY BOROUGH OF ST. HELENS.



Annual Report

OF THE

School Medical Officer

FOR

1937

FRANK HAUXWELL, M.B., Ch.B., D.P.H.,

Medical Officer of Health,
and School Medical Officer.

St. Helens:

WOOD, WESTWORTH & CO., LIMITED, PRINTERS AND STATIONERS,
HARDSHAW STREET.

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TO THE CHAIRMAN AND MEMBERS OF THE
ST. HELENS EDUCATION COMMITTEE.

Ladies and Gentlemen,

I submit herewith my Annual Report as School Medical Officer.

The findings of the routine medical inspections at elementary schools during 1937 showed a decrease in the number of defects found, falling from 35.3% in 1936 to 34.3% in 1937. Generally speaking the results were satisfactory, no class of defect of a serious nature requiring special comment. Of the children referred for treatment during the year 94.1% of the medical defects and 76% of the dental defects were treated during the year.

Though no material alteration in the scheme of medical inspection and treatment has been made, there was during the year important alterations in the administration of the Services and considerable extensions both in regard to inspection and treatment.

Owing to the multiplicity of duties now carried out by the Health Visitors it has not always been possible in the past for them to give as much attention as might be desirable to children in the schools themselves. To obviate this difficulty a reorganisation of duties was carried out during the year whereby six Health Visitors now devote the whole of their time to schools only, leaving home visiting to be carried out by District Health Visitors. It is hoped in this way that a more satisfactory and more continuous supervision in the schools will be possible.

A very important addition to the Service during the year was the inauguration of the inspection and treatment of juveniles attending the Juvenile Instruction Centres. This necessitated increases both in the nursing and medical staff, but the results show the great importance of keeping such children under supervision during what might be called a transitional period of their lives. A special section of the Report deals with this side of the work.

Other important extensions of the work were the expansion of the clinic service to provide for the new Aural Department at the Central Clinic, Claughton Street, for the treatment of ear defects, and the new Speech Defect Clinic which entered its first complete

year of work. Though yet only in operation a short time these services have already proved of great value, and special reports dealing with them are included in the text of this Report.

Arrangements were also made during the year whereby the School Medical Service should have the benefit of the Liverpool Child Guidance Clinic in dealing with difficult children.

I have pointed out elsewhere the gravity of the position with regard to the continued number of cases of diphtheria in schools, and the continued lack of interest shown by parents and the public at large in this problem.

For much of the work done I am indebted to Dr. O'Brien, Deputy Medical Officer of Health, and my special thanks are due to Mr. Lonie, Director of Education, for his cordial co-operation and assistance.

I am,

Ladies and Gentlemen,

Your obedient Servant,

FRANK HAUXWELL.

June, 1938.

STATISTICAL REVIEW OF WORK OF THE SCHOOL MEDICAL SERVICE
DURING THE YEAR 1937.

Children in Average Attendance at Elementary Schools	.....	17,040
Total Examinations of Elementary School Children	.....	22,018
Total Examinations of Secondary School Children	.....	1,156
Miscellaneous Examinations (Bursars, etc.)	.....	211
Minor Ailments treated	.....	3,646
Visual Defects treated	.....	723
Ear, Throat and Nose Defects treated	.....	413
Children inspected by School Dentists	.....	17,113
Children treated by School Dentists	.....	7,758
Total Attendances at All School Clinics	.....	62,124
Examinations by Nurses for Cleanliness	.....	51,482
Visits to Schools by Medical Officers	.....	324
Visits to Schools by Nurses	.....	5,047
Home Visits by Nurses	.....	10,377
Total Attendances at Inspection Clinic	.....	4,523

STAFF.

School Medical Officer and Medical Officer of Health :—

Frank Hauxwell, M.B., Ch.B. (Glasgow), D.P.H. (Camb.).

Deputy School Medical Officer and Deputy Medical Officer of Health :—

Gerald O'Brien, M.B., Ch.B., D.P.H. (St. Andrew's).

Assistant School Medical Officers and Assistant Medical Officers of Health :—

Enid M. Hughes, M.B., Ch.B. (Liverp.).

Ian M. McLachlan, L.R.C.P.I. and L.M., L.R.C.S.I. and L.M.

Muriel M. Osborn, M.R.C.S., L.R.C.P. (From September, 1937).

Dental Surgeons :—

Ronald G. Clague, L.D.S. (Resigned October, 1937).

Arthur N. Leicester, B.D.S.

Mary G. Chisnall, L.D.S.

Health Visitors and School Nurses :—

Superintendent : Eleanor J. Moorehead (2), (3), (6).

Ethel Denman	(1), (5), (6)	Nellie Richardson	(3), (6)
Mary Riding	(3), (6)	Leah Rogers	(2), (3), (6)
Emily Corrish	(3), (6)	Louisa Peace	(3), (6)
Nora Hogan	(3), (6)	Edith Jones	(2), (3), (6)
Mary Corrish	(3), (4), (6)	Caroline Good	(3), (6)
Alice Happold	(3), (5), (6)	Annie May Jenkins	(2), (3), (6)
Edith Curran	(3), (6)	Hilda Robson	(2), (3), (6)
Doris Parkinson	(2), (3), (6)	Lilian Evans	(2), (3), (6)
*Amanda S. Hume	(2), (3), (6)		

Orthopaedic Nurse :

*Isabella Marvin Corke (7) Winifred M. Russell (7)

School Clinic and Dental Nurses and Attendants :—

Florence Faber	(3), (6)	Ethel M. K. Elliot	(3)
Florence Wilkinson	(3)	Elizabeth Howarth	
Phyllis M. Mather	(3)	Ellen Glynn	
Mary T. Ewing	(3), (6)		

(1) Sanitary Inspector's Certificate of the Royal Sanitary Institute.

(2) New Health Visitor's Certificate of the Royal Sanitary Institute.

(3) General Trained Nurse.

(4) Fever Trained Nurse.

(5) Children's Trained Nurse.

(6) State Certified Midwife.

(7) Certificate of the Chartered Society of Massage and Medical Gymnastics.

* Resigned during the year.

The following are part-time officers :—

E. Allan, M.B., Ch.B. (Edin.), Ophthalmic Surgeon.

J. E. G. McGibbon, M.B., B.S. (Lond.), D.L.O. (Eng.),
Ear, Throat and Nose Surgeon.

T. P. McMurray, M.B., M.Ch., B.A.O., (R.U.I.), F.R.C.S.,
(Edin.), Consulting Orthopaedic Surgeon.

B. L. McFarland, M.D. (Liverp.), M.Ch. (Orth.), M.B., Ch.B.,
F.R.C.S. (Ed.), Orthopaedic Surgeon.

J. Unsworth, M.B., B.S. (Lond.), Physician to the X-Ray
Department.

Muriel W. Ferrie, M.S.S.T., Speech Therapist.

SCHOOL HYGIENE.

The deep concern of the Authority for the educational environment of children has been revealed in these reports for many years past. During the present year the work of providing new buildings, of renovating those that are out-of-date, and of providing new gymnasias has continued unabated. Sketch plans have been approved for the extension and adaptation of the Sutton Manor Council Mixed School to provide vastly improved accommodation for the infant children now housed in temporary wooden buildings. Negotiations

for the acquisition of a site in the Haresfinch District are continuing and it is hoped that a satisfactory site will be secured in the near future. The gymnasium at the Waterloo Street Junior Instruction Centre is now completed, work has begun on the building of two gymnasia at the Rivington Road School, and plans have been approved for the erection of two more at the Robins Lane School. It is also proposed to increase the facilities for swimming instruction to school children by the construction, in conjunction with the Water Committee, of a Bath to be used solely for educational purposes, and a fourth classroom is being added to the Hamblett Open Air Council School to provide accommodation for the training of partially sighted children.

MEDICAL INSPECTION.

Elementary Schools.

During the year 1937 there were under the control of the Education Committee 39 Elementary Schools with 79 departments. Particulars as to accommodation and attendances are as follows :—

Number of children for whom accommodation available	...	...	24,304
Average number of children on the roll during the year	...	...	19,238
Average number of children in attendance during the year	...	...	17,040
Percentage attendance for the year	...	...	88.6%

For several years past the increased diversity of duties carried out by Health Visitors has made it difficult for the Health Visitor to give, in the schools themselves, that full attention to the children which is considered desirable. Another factor also has been that during epidemic periods, more time was required for work in the schools and this interfered, to some extent, with the Health Visitor's other duties. To obviate these difficulties, therefore, a reorganisation of the staff was carried out during the year, and now six health visitors devote their whole time to schools. This means that each of these nurses may have a larger number of schools to supervise, but is free

to give her full time to the work. She does not, however, except under special circumstances, do any home visiting and this still remains the duty of the Health Visitor in whose district the child resides. So far the results of this reorganisation have been very satisfactory.

The annual routine inspection of all nursery class children up to the age of five years was again carried out. This forms a very useful supplement to the work carried out at the 'Toddlers' Clinics of the Maternity and Child Welfare Service.

Other general features of the School Medical Service remained unaltered from the previous years. The following statement shows the number of inspections carried out during the past five years :

			1933	1934	1935	1936	1937
			—	—	—	—	—
Routine Examinations	...	...	5744	6158	5797	6919	5738
Special Examinations	...	...	6524	6348	6437	6216	6142
Re-examinations	...	...	9129	9693	9570	9762	10,138
Attendances at							
Inspection Clinic	...	...	4530	3746	3960	4510	4,523

The decrease shown in routine inspections resulted from the decrease in the average number of children in attendance during the year. The latter was to a large extent due to an epidemic of influenza in the spring, during a period of very severe weather.

The detailed figures of the number medically inspected during the year are given in Table 1.

Secondary Schools.

The Secondary Schools to which the provisions of the School Medical Service are applicable are the :—

St. Helens Cowley Boys' Secondary School.

St. Helens Cowley Middle School for Girls.

The following statement shows the work done in the Medical Inspection of these schools during the past five years :

			1933	1934	1935	1936	1937
			<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
Routine Examinations	...	...	878	928	960	894	983
Special Examinations	...	...	121	184	134	54	53
Re-examinations	...	...	118	217	157	143	120

The detailed figures of the number of children inspected are given in Table VIII.

FINDINGS OF MEDICAL INSPECTION.

Elementary Schools.

Table II shows the number of defects discovered during routine and special examinations which were referred for treatment or required to be kept under observation.

Of 5,738 children examined at the routine medical inspections during 1937, 953 (16.6%) were found to be suffering from defects (other than uncleanliness, defective clothing or footgear, and dental defects), which required treatment, and 1,017 (17.7%) from defects requiring to be kept under observation.

During the past five years the corresponding percentages have been :

	1933	1934	1935	1936	1937
	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
Referred for treatment	16.5%	11.8%	16.1%	16.4%	16.6%
Referred for observation	22.0%	23.1%	18.4%	18.9%	17.7%
Total	38.5%	34.9%	34.5%	35.3%	34.3%

The following table shows the percentage of *defects* referred from routine medical inspections for treatment or for observation per 100 children examined during the past five years.

		Incidence of defects (excluding uncleanness, defective clothing, or footgear and dental diseases) referred for treatment or for observation per 100 children examined				
		1933	1934	1935	1936	1937
Requiring treatment ...	...	17.7	12.4	18.1	19.3	18.7
Referred for observation	...	24.2	24.5	23.7	22.6	26.4
Total		41.9	36.9	41.8	41.9	45.1

These Tables show that the percentage of children found to be defective at routine medical inspections showed a slight decrease, although the incidence of defects amongst the children was increased. It may be pointed out, however, that this increase was not due to defects requiring immediate treatment, but occurred in the category of those cases listed for observation by the Medical Officers. This increase in cases demanding continued observation was due to the number of cases of enlarged tonsils, or enlarged tonsils and adenoids, together with an increase in the category of cases listed as enlarged cervical glands. A definite waiting policy with regard to these defects has proved its worth in weeding out cases where the defects are of a transient type. Over-expedient operative measures are thus avoided. Only in cases where there is evidence of gross obstruction to the air passages, or recurrent sepsis with its sequelae of chronically enlarged cervical glands and rhinitis, is operative interference advised immediately.

There was also an increase in the number of functional heart cases listed for observation. This is merely a matter for passing comment, however, as this is a type of defect where findings fluctuate widely in accordance with the varying opinions of individual Medical Officers.

The chief defects for which children were referred for treatment or for observation at routine inspections during the last five

years are shown in the following table as percentages of the children examined.

	1933	1934	1935	1936	1937
External Eye Diseases	1.8%	0.97%	1.8%	1.6%	1.9%
Defective Vision and Squint (Intermediates and Leavers only)	15.7%	16.5%	13.1%	18.1%	15.9%
Ear Disease or Defect	1.5%	1.3%	2.0%	1.9%	2.2%
Throat or Nose Defects	11.3%	8.8%	10.3%	9.1%	12.0%
Disease of Heart and Circulation	2.8%	2.9%	2.7%	2.3%	4.7%
Lung Disease (Non-Tubercular)	3.9%	3.4%	4.9%	3.7%	2.4%
Tuberculosis	0.7%	0.5%	0.4%	0.5%	0.6%
Malnutrition	1.1%	0.9%	3.2%	3.4%	3.0%

It will be noted in the above figures that there was a marked decrease in the percentage of children with defective vision. This occurred in the category of cases listed for observation and might be considered as a return to more normal figures. The figures for 1936 were, as pointed out in my Report for that year, abnormally high owing to the large number of children suffering from temporary eye strain due to the 1935 epidemics of catarrhal diseases.

There was also during 1937 a welcome decrease in the number of cases of non-tubercular lung diseases, the lowest figure for many years being recorded. The increase in the incidence of throat and nose defects and diseases of the heart and circulation has been commented upon previously. In regard to nutrition, in 94.49% of the children, nutrition could be considered normal as compared with 91.15% in the previous year. There were, however, fewer in whom nutrition was classed as excellent (2.53% in 1937 as compared with 5.39% in 1936) and, of course, fewer slightly sub-normal and fewer in whom the condition was definitely classed as bad. Detailed figures regarding nutrition are given with the Statistics Tables (Table IIB).

A more detailed analysis of the incidence of the principal defects is set out in Table A. This shows the incidence per 1,000 inspections of defects requiring treatment and defects requiring observation, and gives a complete picture of the findings of the medical inspections.

TABLE A.

INCIDENCE OF MEDICAL DEFECTS.

Public Elementary Schools.

	Routine Inspections.			
	No. of defects requiring treatment	Incidence per 1,000 inspections	No. of defects requiring observation	Incidence per 1,000 inspections
Skin diseases	55	9.6	13	2.3
Defects of vision	170	45.7	275	73.9
Squint	56	9.7	89	15.5
Other eye disease	101	17.6	6	1.0
Defects of hearing	11	1.9	4	0.7
Otitis Media	32	5.6	19	3.3
Chronic Tonsillitis	79	13.8	299	52.1
Adenoids.....	3	0.5	7	1.2
Adenoids and chronic tonsillitis	121	21.1	101	17.6
Other nose and throat defects	35	6.1	47	8.2
Defects of speech	18	3.1	32	5.6
Organic heart disease	1	0.2	21	3.7
Pulmonary Tuberculosis				
(a) Definite	—	—	4	0.7
(b) Suspected	5	0.9	1	0.2
Non-Pulmonary Tuberculosis	3	0.5	23	4.0
Epilepsy	—	—	—	—
Chorea	—	—	6	1.0
Other nervous conditions	—	—	9	1.6
Deformities :—				
Rickets	3	0.5	—	—
Spinal curvature	—	—	1	0.2
Other forms	147	25.6	72	12.5

One figure deserving special note in this table is the large number of cases referred for treatment or for observation on account of deformities. This is due to the large number of cases of defective posture and round shoulders found as a result of the special attention paid in recent years to the question of physical fitness. In view of this special interest taken nowadays in the physical welfare of the children in the schools, a special analysis of the figures for this defect

was carried out, and the incidences in the various age groups and sexes were found to be as follows :—

Age Groups	No. of children inspected.		Referred for treatment or observation		Referred for treatment or observation	
	Boys	Girls	Boys	Percent-age	Girls	Percent-age
Entrants	857	796	30	3.5%	37	4.6%
Second age group	890	919	29	3.3%	31	3.4%
Third age group	951	959	31	3.3%	51	5.3%
Other routine inspections	183	183	6	3.3%	4	2.2%

This does not seem to be co-existent with any notable degree of malnutrition or defective vision, as might be expected. Still less can this be explained, as might have been suggested years ago, by ill-conditioned schools or inadequate school furnishings, factors which do not obtain to any appreciable extent nowadays. This peculiar problem has taxed the resources of the Orthopaedic Clinic, as all those cases demanding remedial exercises are dealt with in special classes supervised by the Orthopaedic Nurse at the various Minor Ailment Clinics. In order to relieve the congestion at these centres, an effort was made to carry treatment into the home, where the primary cause for this defect seems to lie. An instructional leaflet comprising a series of simple remedial exercises for defective posture and round shoulders was circulated to each parent. This is not intended to replace, but rather to supplement, the course of instruction given at the Orthopaedic Clinic.

The percentage of children found verminous in 1937 showed no alteration from the previous year, the figure remaining at 4.21%. In no instance was compulsory cleansing necessary.

The percentage of children found at routine inspections with defective clothing was 3.57% in 1937 as compared with 2.05% in 1936 ; whilst the percentage with defective footwear was 1.28% compared with 0.25% in the preceding year.

Re-examinations : The following table gives the number of re-examinations carried out by medical officers during the year, and the results found at these re-examinations.

Number of Children re-examined	...	...	...	...	5,173	
Total re-examinations	...	...	...	...	10,138	
Number found remedied	...	...	...	...	1,659	(16.4%)
Number found improved	...	...	...	...	5,702	(56.2%)
Number found stationary	...	...	...	...	2,719	(26.8%)
Number found retrograde	...	...	...	...	58	(0.6%)

Secondary Schools.

At the Secondary Schools 983 children were examined at the routine inspections. Of these 63 (6.41%) had defects (other than uncleanliness, defective clothing or footwear or dental defects) requiring treatment and 257 (26.1%) defects which required to be kept under observation. The corresponding percentages for 1936 were 7.16% and 24.8% and for Elementary Schools were 16.60% and 17.72%.

The chief defects for which children were referred for treatment or for observation during the past 5 years were as follows :—

	1933	1934	1935	1936	1937
Defective Vision or Squint	23.6%	23.8%	22.4%	23.4%	22.2%
Throat and Nose Defects	7.4%	5.5%	5.0%	2.8%	4.1%
Diseases of the Heart and Circulation	4.6%	3.0%	4.7%	2.1%	2.9%
Lung Disease (Non-Tubercular)	0.3%	0.1%	0.8%	0.1%	0.3%
Sub-normal nutrition	Nil	Nil	0.9%	0.3%	1.4%

As in the case of the Elementary Schools there was a decrease in the percentage of cases referred for treatment and an increase in the cases classed for observation.

The decrease in the percentage of cases of defective vision and the increase in the percentage of cases of throat and nose defects and of diseases of the heart and circulation, shown in the above Table, are due to causes commented on previously in dealing with the elementary schools and require no further remark. The increase in the percentage of cases of non-tubercular lung disease is in no way serious. The increase in the percentage of cases of sub-normal nutrition is difficult to explain and might be due to a stricter standard of classification. As the percentage is, however, very low, there does not appear to be any serious significance in it.

In addition to the routine inspections, 53 special cases were examined and 120 children previously found defective were re-examined.

The nature of the defects for which cases were referred for treatment or to be kept under observation is detailed in Table IX.

MEDICAL TREATMENT.

Elementary Schools.

Table IV gives in detail and Table VII in summary form the treatment obtained for the various defects referred for treatment during 1937. Table B gives the percentage of the children referred for treatment who have been treated each year during the last 10 years, and Table C shows the number and percentage of cases treated in the four main classes of medical defects during the past 5 years.

These Tables show that the percentage of children receiving treatment for the various classes of defects, still maintains a very satisfactory level and may be regarded as a measure of the useful and necessary work carried out by the School Medical Service.

TABLE B.

Number of children referred for treatment and number and percentage treated in St. Helens during years 1928 to 1937.

							Number of children referred for treatment.	Children treated.		
								Number	Per cent.	
1928	Medical only	...	...	...	...	...	6829	6463	...	94.6
	Dental	...	...	...	...	...	10493	7770	...	74.0
	Total	...	...	...	...	...	17322	14233	...	82.1
1929	Medical only	...	...	...	...	...	7074	6630	...	93.7
	Dental	...	...	...	...	...	10561	7015	...	66.4
	Total	...	...	...	...	...	17635	13645	...	77.3
1930	Medical only	...	...	...	...	...	7508	7239	...	96.4
	Dental	...	...	...	...	...	13543	8159	...	60.2
	Total	...	...	...	...	...	21051	15396	...	73.1
1931	Medical only	...	...	...	...	...	6781	6523	...	96.2
	Dental	...	...	...	...	...	13164	7533	...	57.2
	Total	...	...	...	...	...	19945	14056	...	70.0
1932	Medical only	...	...	...	...	...	7157	6882	...	96.1
	Dental	...	...	...	...	...	13195	7812	...	59.2
	Total	...	...	...	...	...	20352	14694	...	72.2
1933	Medical only	...	...	...	...	...	7610	7160	...	94.1
	Dental	...	...	...	...	...	13335	8003	...	60.0
	Total	...	...	...	...	...	20945	15163	...	72.4
1934	Medical only	...	...	...	...	...	7159	6905	...	96.5
	Dental	...	...	...	...	...	12764	7481	...	58.6
	Total	...	...	...	...	...	19923	14386	...	72.2
1935	Medical only	...	...	...	...	...	6884	6455	...	93.8
	Dental	...	...	...	...	...	12694	8028	...	63.2
	Total	...	...	...	...	...	19578	14483	...	74.0
1936	Medical only	...	...	...	...	...	7646	7044	...	92.1
	Dental	...	...	...	...	...	11354	8607	...	75.8
	Total	...	...	...	...	...	19000	15651	...	82.4
1937	Medical only	...	...	...	...	...	7328	6898	...	94.1
	Dental	...	...	...	...	...	10387	7889	...	76.0
	Total	...	...	...	...	...	17715	14787	...	83.5

TABLE C.

Showing the number and percentage of cases treated in the various classes of medical defects during years 1933 to 1937.

	1933	1934	1935	1936	1937
Minor Ailments—					
No. referred for treatment	4185	4242	3781	3906	3868
No. treated	4135	4209	3728	3833	3821
% treated	98.8	99.2	98.6	98.1	98.8
Visual Defects—					
No. referred for treatment	765	752	691	829	752
No. treated	723	718	676	811	720
% treated	94.5	95.5	97.8	97.8	95.7
Throat and Nose Defects—					
No. referred for treatment	755	530	588	902	734
No. treated	519	409	370	546	473
% treated	68.7	77.2	64.6	60.5	64.4
Other Medical Defects—					
No. referred for treatment	1905	1635	1824	2009	1974
No. treated	1783	1569	1681	1854	1858
% treated	93.6	96.0	92.2	92.3	94.1

The percentage of children treated under schemes of the Local Authority during 1937 was approximately 95%.

Secondary Schools.

Of the 84 children referred for treatment for medical defects during the year, 77 (91.7%) were treated before the end of the year, and of 379 children referred for dental treatment, 368 (97.1%) were treated. The corresponding figures for 1936 were 90.5% and 83.3%.

Approximately 36.9% of the defects treated were treated under the schemes of the Local Authority.

The detailed figures regarding the defects treated are given in Table XI and a summary of the treatment obtained is shown in Table XIV.

Provision of Treatment.

The total number of defects treated at the various clinics during the past five years is shown in the following statement.

	1933	1934	1935	1936	1937
Minor Ailments	3,957	4,034	3,543	3,653	3,646
Visual Defects	729	717	678	807	723
Defects of Throat and Nose	350	259	241	396	413
Dental Defects	7,621	7,176	7,677	8,460	7,758
Crippling Defects	432	332	331	415	536
Other Defects	1,167	1,055	1,092	1,236	1,126
Total Number of defects treated	14,256	13,573	13,562	14,967	14,202
Total attendances	63,086	66,063	59,666	60,989	62,124

The diminution in the total number of defects dealt with at the various clinics was due, almost entirely, to the decrease in the number of dental defects, but as shown elsewhere, a smaller number of defects in this category was referred for treatment. The increase in the number of crippling defects treated was due entirely to the numbers attending remedial classes for postural defects, and in dealing with these the Orthopaedic Clinic is now working to its fullest capacity.

No advance has yet been made for the provision of improved accommodation at the Central Clinic, Cloughton Street. The equipping of the new aural clinic there has led, during 1937, to a diminution in the already inadequate accommodation, and the work of all the clinic departments has been carried out under increasing difficulties.

District clinics for Minor Ailments and Dental Defects are still being maintained at the Elizabeth Street, West Street, and Gartons Lane Centres and at Parr Flat School. In addition, a clinic for minor ailments only is held daily at the Albion Street Centre. At the district minor ailment clinics, 1,723 children made 19,263 attendances during 1937 for treatment, and at the district dental clinics, 1,713 children made 2,182 attendances for treatment.

The operative treatment of tonsils and adenoids and of cases of squint is carried out at one of the local hospitals. During the year, 365 children were operated on for the removal of tonsils and adenoids, 39 straightening operations were performed for squint, and one operation for needling for traumatic cataract.

The following table shows the work carried out at or in connection with the Ophthalmic Clinic during the past five years.

	1933	1934	1935	1936	1937
Cases for refraction	729	717	678	814	723
Cases glassed	571	626	591	701	581
Cases not glassed	158	91	67	113	142
Old cases reviewed	881	695	779	994	901
Cases referred for observation	4	8	2	—	—
External eye diseases	8	10	18	9	29
Operations	6	8	7	21	40
Total attendances	1,516	1,539	1,541	1,780	1,549

The new aural clinic outlined in last year's Report was opened in February, 1937. A fortnightly visit is paid by Mr. McGibbon, Consultant Aurist and Laryngologist to the Corporation, and a nurse specially trained in the treatment of aural defects is in attendance each afternoon for the supervision and control of intercurrent treatment. I am obliged to Mr. McGibbon for the following report on the work carried out during the year.

“ The Aural Clinic was opened in February, 1937, and has, therefore, been in operation for ten and a half months up to the end of the year.

“ It is felt that the Clinic has fully justified its establishment and that it has fulfilled its function as an important factor in the prevention of much chronic invalidism and disablement due to deafness.

“ Two hundred and twenty-seven children have been examined and kept under observation.

“ Of these eighty-three have been discharged as cured—the majority with normal hearing, and a small number with deafness of a varying degree that is not sufficient to interfere with their existence as useful members of the community.

“ These results are very gratifying and it is hoped that all cases of *acute* middle-ear suppuration and deafness will be referred to the Clinic, because if such is the case there is no doubt that the incidence of chronic deafness and illness can be prevented.

“ It would be of considerable value if an audiometer could be provided for use in the Clinic, so that any children *suspected* of deafness could be referred for examination in order that the necessary preventive or curative measures could be adopted to conserve this hearing.

“ As a result of the experience gained, it is felt that at least one session a week should be held and that further assistance is necessary to carry out the very important work.”

The results of the first year's work at the new Speech Defect Clinic have also been striking, and the clinic might be regarded as one of the most successful advances in the provision of treatment undertaken by the Committee. The clinic is visited regularly by a Medical Officer for the purposes of medical inspection. I append below the following notes on the year's progress, for which I am indebted to Miss Muriel W. Ferrie, Speech Therapist.

“ The Speech Therapist, on appointment in November, 1936, dealt with a list of some 60 children notified as suffering from speech disorders. Each case was examined and the family and personal history of the child was investigated. The schools which the children attended were visited and a report obtained regarding the child's educational standard and the extent of the speech disability in school. The cases were then graded and listed for treatment, preference being given to children nearing school-leaving age and to those of average ability who were being handicapped by their speech disability.

“ Suitable quarters had then to be found, easy of access and as free as possible from external and internal noise. A room fulfilling some of the conditions, but not free from external

noise, was found in the Infants' Department of the Windle Pilkington School, and by the courtesy of the Education Department and the Head Mistress, this room was lent to the Speech Clinic. The necessary equipment was obtained and work was commenced early in February, 1937, with a case-list of 25, i.e. 20 stammerers and 5 speech defects proper.

“ Three groups of stammerers were formed, Junior, Intermediate, and Senior, according to age, and the numbers were added to during the session up to a maximum of 10 in each group.

“ The treatment of the stammering child in groups is of considerable value, particularly with the younger children, but it was found advisable to deal with smaller numbers in the Senior group so as to give more individual attention, and for this reason vacancies were not filled in this group if a child left school.

“ The cases of speech defects proper included children suffering from cleft palate speech, and various forms of dyslalia with and without educational retardation.

“ The children attend twice a week for approximately 45 minutes, and those from a distance are provided with bus tokens for use in travelling to and from the Speech Clinic. This travelling has a definite therapeutic effect, inasmuch as it fosters confidence. In the beginning the younger children are generally accompanied by an adult, but after a few weeks they make the journey alone.

“ Progress in cases of speech disorder is often very slow, particularly in cases of stammering, for the stammer may be only a symptom of nervous instability and this instability is materially affected by physical health and environmental conditions. The stammerer is less able than his more fortunate brother to withstand poverty, ill-health and unsympathetic handling, and in certain cases while conditions remain as they are, there can be no improvement.

“ During the year 1937, 46 cases were dealt with ; of these 20 were discharged, 1 is under occasional supervision, and 25 remain on the register. The 20 cases discharged were as follows :

“ Stammerers—12 were discharged ; 7 of these had improved sufficiently to render further attendance unnecessary and 5 left school. Of the latter, 3 showed considerable improvement.

“ Speech Defects—7. All were discharged as having satisfactory speech.

“ Voice disorder—1. This case was referred back to the Ear, Nose and Throat Clinic for further treatment.

“ It is of interest to note that in the report of the Head Teachers on the progress of the children attending the Speech Clinic, reference is made in nearly every case to improvement in general confidence and school work in addition to improvement in speaking and reading.

“ In July, the Speech Therapist was invited to give a Lecture to the teachers under the Authority. The aims and methods of the Clinic were explained and the value of the co-operation of the teacher was shown. Teachers of children in attendance at the Clinic were invited to be present at a session. So far three have availed themselves of the invitation.

“ The children are seen from time to time by the School Medical Officer. When necessary medical treatment is suggested and extra nourishment and convalescence arranged.

“ In June, Dr. Ralph Williams, one of the Medical Officers to the Board of Education, visited the Clinic. He recommended that an extra session be allocated for home and school visiting, etc. This work is now being undertaken.”

The practice of supplying cod liver oil emulsion free of charge to all the nursery classes in the schools has been continued. The

emulsion is given daily to necessitous cases selected by the Head Teacher and to any other cases recommended by the School Nurse or Medical Officer. The scheme has once again proved a marked success.

Part of the cost of treatment provided at these various Clinics is recovered from the parents in accordance with the family circumstances. During the year ended 31st December, 1937, parents paid £45/3/0.

The question of special provision for the specially defective child is dealt with under the headings dealing with exceptional children.

DENTAL INSPECTION AND TREATMENT.

I am indebted to Mr. V. Higham, Senior Dental Surgeon, (who commenced duty in January, 1938), for the following notes on the work of the School Dental Department.

“ In presenting the Annual Report for 1937 we are confronted with a decline in the number of children inspected compared with 1936. This can be accounted for partly by the fact that during the first quarter of the year there was a severe influenza epidemic which greatly influenced attendances at school, and partly owing to sickness among the staff (98 sessions less were put in during 1937).

“ At the Elementary Schools, 18,358 children were inspected during the year, and of these 10,277 (56%) were found to require treatment. Of these 7,649 (74.4%) were actually treated during the year. The corresponding percentages for 1936 were 58.2% and 74.0% respectively.

“ It is unfortunate, however, that many consents are only obtained if the children concerned are suffering, or have recently suffered, with tooth-ache. This defeats the object of the School

Dental Service, which aims at preserving the teeth of the children rather than acting purely as an agency for extraction of teeth which are too far decayed for preservation. Parents are no doubt largely to blame for this, but I would suggest that even teachers do not always realise the importance of this aspect of the Service.

“ It was impossible during the year to complete the bi-annual inspection of all the schools.

“ Cowley Secondary Schools were inspected and treated twice during the year, and though only a small proportion of those requiring treatment actually attend the clinic, it is a reminder to the rest to visit their own dentist immediately. 115 permanent fillings were inserted for 109 children, with 268 attendances. Extractions totalled 158.

“ The Open Air School was also inspected twice during the year, and it was particularly gratifying that on both occasions all the children who required treatment consented, and received it at the school. At the first inspection 101 children were examined and 47 were found defective. These made 63 attendances, 50 fillings and 34 extractions being completed. At the second inspection, six months later, 108 children were examined, 45 being defective. 76 attendances were made, 48 fillings and 48 extractions being completed.”

Detailed figures regarding inspection and treatment carried out by the Dental Surgeons, are given in Table V for Elementary Schools and Table XII for Secondary Schools.

FOLLOWING-UP AND WORK OF SCHOOL NURSES.

As stated earlier in this report, six Health Visitors now devote their time to the supervision of the children in the schools, each nurse having control over a particular group of schools. The visits paid to homes, however, for purposes of following-up defects, etc.,

found in school, are still carried out by the Health Visitor of the district in which the child resides. The results and the reports of these visits are then passed on to the nurse in charge of the particular school.

During 1937 it was apparent, on investigation, that there was a tendency for the number of unclean children to increase in certain schools throughout the town. A special effort was therefore made to combat this, and concentration inspections were carried out on these schools. These measures proved successful since, as may be noted, there was no increase in the resulting total percentage of unclean children found in schools as compared with a corresponding figure for the previous year. The following figures give some idea of the work of the nurses during the year :—

1. Number of visits to schools for general supervisory purposes and for medical and verminous inspections	5,047
2. Number of examinations of children for cleanliness	51,482
3. Number of visits paid to the homes of children in following up defects, investigating cases of infectious disease, investigating cases referred by the School Attendance Department, etc.	10,377

In addition to the work of the nurses referred to above, special nurses are employed, at the School Clinic and District Clinics, who are wholly engaged treating or assisting in the treatment of various defects.

INFECTIOUS DISEASE.

The number of cases of the principal infectious diseases occurring amongst school children is shown in the following table, which also gives the corresponding figures since 1933 :—

			1933	1934	1935	1936	1937
Scarlet Fever	...	...	211	182	374	394	488
Diphtheria	...	...	133	146	147	368	325
Measles	...	...	2174	405	784	709	529
German Measles	...	...	275	59	6	22	13
Whooping Cough	...	...	600	95	409	28	357
Chicken Pox	...	...	317	371	228	226	501
Mumps	...	...	123	567	60	96	99

Once again, during 1937 there was a continued occurrence of cases of scarlet fever and diphtheria amongst school children. The total number of cases of diphtheria showed a slight decrease from the previous year, but for the past two years there has been a constant smouldering of infection, bursting now and again into small epidemics in different areas of the town, and dying away quickly.

The most vigilant measure of school visiting by the nurses, comprising swabbing of suspicious throats and prompt exclusion of suspected cases, together with the careful following-up of children absent from unknown causes, has undoubtedly held in check a wide spread epidemic of diphtheria.

The value of immunisation against diphtheria has been constantly referred to in this report, but I regret to say the response is still very disappointing. Despite continued propaganda and education, there is still an apathetic outlook on the part of parents towards this problem. It can only be re-emphasised that inoculation against diphtheria is safe, harmless and effective, and if only parents would realise this fact much unnecessary suffering would be avoided.

During the summer of 1937 cases of measles and whooping cough showed an increase, neither disease, however, displaying epidemic severity up to the end of the year. A large number of cases of chicken pox occurred, the numbers showing a tendency to rise as the winter months approached.

In February all infant departments in schools were closed for a week, owing to a widespread epidemic of influenza during very severe weather, and during July, October and December three departments showed a percentage attendance below 60% over a total period of seven weeks, due to measles, chicken pox and whooping cough.

The minimum periods of exclusion of patients and contacts are shown in the adjoining Table.

TUBERCULOSIS.

The low incidence of pulmonary tuberculosis seen in recent years amongst children of school age was well maintained in 1937, as only 4 notifications of this form of the disease were received during the year, a figure identical with that of the previous year.

In cases of the non-pulmonary type of the disease, there was a decrease in incidence, 19 cases only being notified compared with 26 during the previous year.

At the end of 1937 there were in St. Helens 158 children of school age suffering from tuberculosis. These may be classified from the point of view of localisation of the disease as follows :

Pulmonary	40
Non-pulmonary :—	
Bones and Joints	23
Peripheral Glands	61
Abdominal	26
Skin and others.....	8
	<hr/>
	158
	<hr/>

Many of the cases, however, were quiescent and only 4 pulmonary and 22 non-pulmonary cases were in need of active treatment.

EXCLUSION OF CHILDREN SUFFERING FROM INFECTIOUS DISEASES OR COMING FROM AN INFECTED HOUSE.

(Revised April, 1934).

DISEASE	Incuba- tion Period	Exclusion of Patient		Exclusion of other children in the house.	
		Period of Exclusion	Children involved	Period of exclusion	
DIPHTHERIA	2—10 days	Until two successive negative swabs have been obtained from nose and throat and not less than fourteen days after discharge from hospital or release from isolation.	Exclude—all children	Until two successive negative swabs have been obtained from the nose and throat and not less than ten days from date of disinfection of premises, either after removal of patient to hospital, or in the case of patients treated at home release from isolation.	
SCARLET FEVER	1—8 days	Until not less than fourteen days after discharge from hospital or release from isolation. Isolate one month at least and until child is free from all discharges.	Exclude—all children	Until not less than seven days after disinfection of premises.	
MEASLES	7—14 days	Three weeks from date of appearance of rash	Exclude (1) <i>All</i> children under 7 years of age. (2) all <i>other</i> children who have not had the disease	Sixteen days from appearance of rash of last case in house.	
GERMAN MEASLES... ..	5—21 days	One week from date of appearance of rash	Exclude—as in Measles	Three weeks from date of contact with patient with rash.	
WHOOPING COUGH	6—18 days	Until six weeks from commencement of cough	Exclude (1) all children under 7 years of age; (2) children age 7 to 10 years who have not had the disease.	Three weeks from date of last case in house.	
MUMPS	12—23 days	Until one week after subsidence of swelling	Exclude none...	—	
CHICKEN POX	11—21 days	Until all scabs have fallen off and not less than three weeks from commencement of illness...	Exclude—as in Measles	Three weeks from date of last exposure to infection.	
SMALL POX	10—14 days, usually 12	Until all scabs and “seeds” have disappeared and not less than six weeks from commencement of illness	Exclude—Unvaccinated children only. ...	Sixteen days from date of last exposure to infection.	

Of the 4 cases of active pulmonary tuberculosis on the records at the end of the year, 2 were receiving treatment at Eccleston Hall Sanatorium and the remaining 2 were receiving domiciliary treatment. Children with quiescent or arrested disease and who are not in an infectious state are allowed to attend Public Elementary Schools, where they are regularly re-examined.

Doubtful cases found by the School Medical Officers are referred to the Tuberculosis Officer as occasion requires, and during the year 58 such cases were specially examined by him. Of these, 2 were definitely diagnosed as suffering from tuberculosis of the lung, 12 were found to have non-pulmonary tuberculosis, 42 cases were found to be non-tuberculous, and 2 cases were still under observation at the end of the year. The supervision of all cases is carried out at the Tuberculosis Dispensary. By arrangement with the Tuberculosis Department all children of school age who are contacts of cases of pulmonary tuberculosis are notified to the School Medical Department and are kept under observation by that Department.

Out-patient treatment for children suffering from tuberculous disease of bones or joints is provided at the Council's Orthopaedic Clinic, where 31 children made 32 attendances to see the Orthopaedic Surgeon, and 449 attendances for supervision and treatment by the Orthopaedic Nurse. In addition, 23 children suffering from lupus or tuberculous adenitis made 261 attendances at the Tuberculosis Dispensary for X-ray therapy.

Eccleston Hall Sanatorium provides beds for observation and treatment of children in-patients. During 1937, 35 children spent an aggregate of 4,087 days in the Sanatorium. These children received tuition at the special school attached to the Sanatorium, the average daily attendance being 15 and the average number of days each child attended 126.

Accommodation is also reserved for the in-patient treatment of children suffering from surgical tuberculosis at other hospitals

outside St. Helens. At the Leasowe Open Air Hospital for Children, 6 children spent 2,190 days, and at the Heswall Branch of the Royal Liverpool Children's Hospital, 2 children received treatment for 218 days.

This summary of the treatment provided for the tuberculous school child reveals the extent of the available facilities, and it is satisfactory to record an increased willingness on the part of parents to utilise these facilities. There are, however, important factors operating in St. Helens in the combat against tuberculosis, namely, the valuable work in prevention afforded by the Open Air School and the extension of the principles of the Open Air School to ordinary Elementary Schools. These, together with the attention to its nutrition which the child receives in school to-day, are all combining towards the diminution of tuberculosis in children of school age.

EXCEPTIONAL CHILDREN.

Crippled Children.

At the end of 1937 there were in St. Helens 48 children of school age in whom the crippling was sufficiently severe to interfere with their normal mode of life. The progressive reduction in severe crippling in recent years is seen in the following Table which shows the number of such children at the end of each year since 1933 and the causes of the crippling.

	1933	1934	1935	1936	1937
Tuberculosis	9	10	7	4	7
Infantile Paralysis	} 43	28	19	17	17
Other forms of Paralysis		20	14	13	11
Congenital Deformities	10	9	5	3	4
Rickets	2	3	3	4	2
Arthritis	} 6	2	3	3	2
Miscellaneous		12	6	8	5
	70	84	57	52	48

Of the 48 children known at the end of 1937, 1 was at a Certified Special School, 35 were attending Public Elementary Schools, 5 were in Institutions and 7 were at no school or institution. Efforts to secure vocational training for a larger number of these children are being maintained in order to secure for them the ability to become self-supporting in adult life.

There are, however, many other children with lesser degrees of crippling, so that excluding tuberculous cases which are dealt with under Tuberculosis, the number on the register of the Orthopaedic Clinic was much higher, there being 536 cases suffering from the following defects on that register during the year :

Infantile Paralysis	55
Other forms of paralysis	59
Congenital deformities	44
Rickets	21
Traumatism	16
Acquired foot deformities	131
Postural defects	163
Other acquired deformities	26
Arthritis	4
Miscellaneous	17
	<hr/>
	536
	<hr/>

These figures show a continued decrease in the incidence of rickets, but a very great increase in postural defects and acquired foot deformities. This increase has already been referred to in discussing the findings of medical inspection.

The treatment provided for crippled children involved 642 attendances for consultation or treatment by the Orthopaedic Surgeon, 5,128 attendances for intermediate treatment by the nurse and 148 home visits by the nurse for purposes of supervision. In addition, 20 cases received surgical or other hospital treatment for an aggregate of 1,338 days.

In addition to the crippled children there are in St. Helens 25 children with heart disease of such severity that they are physically crippled. 18 of these attend public elementary schools, 1 attends the Open Air School and 6 are at no school.

Delicate Children.

As in former years accommodation at the Hamblett Open Air Council School has been fully utilised. At the beginning of the year there were 120 children on the roll, and during the year 53 children were discharged and 51 new cases admitted. Of the cases discharged, 43 were considered fit to return to ordinary schools, 8 left to take up employment, and 2 left the district. The percentage attendance at the school during the year was 84%.

Progress amongst all children again showed uniform excellence, and the most striking results were displayed as usual in those types of children whose physical defect arises from irregular bed-time hours at home, combined with injudicious rather than inadequate methods of feeding. The adjustment of the daily lives of these children to a rhythm of regular rest hours, and regular meals founded on a wholesome mixed diet, produces a spectacular change for the better.

The average gain in weight whilst varying slightly in different age groups, was approximately 3 ounces weekly both in boys and in girls.

Blind, Deaf and Epileptic Children.

The total number of these children is given in Table III. During the year 2 deaf children were sent to special residential schools, and the Local Authority is at present maintaining 1 epileptic, 6 blind, and 13 deaf and dumb children in these special schools.

It is pleasing to record that the class-room to accommodate the special sight-saving class is now in process of erection at the Hamblett Open Air School. It is hoped that this will be opened for use during the current year.

Mentally Defective Children.

There are at present 34 feeble-minded but educable children of school age in St. Helens, but only 13 of these are at special schools. Of the remainder, 16 attend ordinary classes in the public elementary schools, 3 are at no school or institution, 1 attends the occupational centre conducted by the local Council of Social Service for Mental Welfare, and 1 attends a private school in St. Helens.

During the year 2 imbeciles (1 boy and 1 girl) were notified to the Local Control Authority.

During the year arrangements were made with the Liverpool and District Child Guidance Council and Clinic for the reference to them for report on, and, if necessary, supervision of, "difficult" children, i.e., those presenting a psychological problem as distinct from mental deficiency. This has been found of great assistance.

After Care and Vocational Training.

During 1937, one part-blind boy, one deaf girl, and five mentally retarded boys returned home on completing their education in special schools. The part-blind boy is now attending a Junior Instruction Centre and is displaying marked ability at handicraft. One of the mentally retarded boys is in employment, two are attending Junior Instruction Centres, one is "at home" and the other attends the Occupational Centre for mentally deficient children at Brook Street. The deaf girl has removed from the district, but enquiries have ascertained that she is not yet in employment. At the end of the year there were 3 blind children undergoing vocational training.

The placing of these children in occupations after discharge from special schools is always a difficult problem, and great credit is due to the work of the local voluntary associations in their efforts to overcome this difficulty.

NURSERY CLASSES.

There are, as yet, no Nursery Schools in St. Helens, but Nursery Classes exist in 14 Infants' Departments of Public Elementary Schools, with approximately 400 children attending these classes.

The additional medical supervision in these classes which was introduced two years ago is still carried out. The nursery class children are inspected annually from the year of entry until they attain the age of five years. This forms an effective link between the medical supervision provided by the Toddler Clinic scheme and the School Medical Service, and provides an opportunity for the discovery and correction of minor defects prior to the child's official entry into school life at the age of five years.

The provision of Cod Liver Oil Emulsion daily to nursery class children has now become an integral part of the scheme and is still proving a success. By means of this scheme weakly and delicate children receive a daily dose of Cod Liver Oil Emulsion which they would otherwise not obtain, and this undoubtedly offers them a protection against the catarrhal diseases so frequently epidemic in schools during the winter months.

JUNIOR INSTRUCTION CENTRES.

Medical Inspection.

In the last quarter of 1937, the organisation of the medical inspection of juveniles attending Junior Instruction Centres was undertaken, and the first inspections at the three centres (two boys' centres and one girls' centre) were carried out. The scheme adopted in St. Helens comprised the following features :—

- (1) A medical inspection once yearly of all juveniles attending the centres.
- (2) A revisit once monthly to the centres for :—
 - (a) Re-examination of juveniles found defective at the annual inspection.

- (b) Examination of cases specially referred by the Superintendents of the centres, and examination of new juveniles enrolled at the centres since the previous visit.
- (c) Selection and regular survey of cases for whom milk should be provided as medical treatment.

Findings of Medical Inspection.

During the year, 150 girls and 95 boys were examined and Table D shows the incidence of medical defects found. It should be remembered, however, that while the incidence rates as shown in that Table are calculated on the same basis as similar figures for

TABLE D.
INCIDENCE OF MEDICAL DEFECTS.

Junior Instruction Centres.

	Routine Inspections.			
	No. of defects requiring treatment	Incidence per 1,000 Inspections	No. of defects requiring observation	Incidence per 1,000 Inspections
Skin diseases	—	—	2	8.2
Defect of vision	45	183.7	4	1.6
Squint	3	12.2	—	—
Other eye diseases	3	12.2	2	8.2
Defects of hearing	—	—	1	4.1
Otitis Media	1	4.1	3	12.2
Chronic tonsillitis	—	—	11	44.9
Adenoids..... ..	—	—	—	—
Adenoids and chronic tonsillitis	—	—	1	4.1
Other Nose and Throat defects	—	—	2	8.2
Defect of speech	—	—	5	20.4
Organic heart disease	—	—	15	61.2
Pulmonary Tuberculosis—				
(a) Definite	—	—	—	—
(b) Suspected	—	—	—	—
Non-Pulmonary Tuberculosis	—	—	—	—
Epilepsy	—	—	—	—
Chorea	—	—	—	—
Other nervous conditions	—	—	3	12.2
Deformities—				
Rickets	—	—	—	—
Spinal Curvature	—	—	—	—
Other Forms	6	24.5	3	12.2

the elementary schools (shown in Table A), comparisons of the incidence of defects occurring cannot be too strictly compared as between these schools and Junior Instruction Centres. From the schools the main body of normal leavers is quickly absorbed into occupational channels. In the Junior Instruction Centres we are dealing with a residuum who, by reason of economic factors, or physical drawbacks, do not have the good fortune to be quickly placed in employment. This factor is bound to be reflected, in a survey such as has been carried out, by a higher incidence in certain groups of defects.

The same remarks apply to the question of nutrition. The nutritional classification of the boys and girls examined is seen in the following statement which, in addition to showing the percentages for both sexes together (with the corresponding percentages for elementary schools in brackets) gives the percentage under each classification for the boys and girls separately.

Number Inspected.				A.		B.		C		D.	
				(Excellent)		(Normal)		(Slightly sub-normal)		(Bad)	
				No.	%	No.	%	No.	%	No.	%
Boys and Girls	.....	.....	245	20	8.16 (2.53)	173	70.61 (94.49)	46	18.77 (2.87)	6	2.44 (0.11)
Boys	.....	.....	95	12	12.63	35	36.84	42	44.21	6	6.32
Girls	.....	.....	150	8	5.33	138	92.0	4	2.67	—	—

It must again be apparent that the juveniles attending these centres are those who are most affected by economic stress. A comparison of the figures for the boys and girls separately, however, raises other considerations. It will be seen from the above that with the exception of Class A (excellent) the boys were found to be of a distinctly poorer nutritional standard than the girls. This is undoubtedly due to the fact that in the age groups covered by the

inspection, i.e., 14 to 18 years, we are dealing with a period in adolescent life when the tax on the boys' physical resources is at its highest. Growing youths with their abundance of physical energy and their constant expression of it in sport and strenuous recreation demand a generous diet. Where a nutritional lack exists then, it is not remarkable to find this expressed amongst the boys to a much greater degree than amongst the girls who, generally speaking, attain their physiological maturity at an earlier age, and whose physical activities are more limited.

Among the medical defects found, the most outstanding feature was the almost universal discarding of spectacles by the children after leaving school. The general feeling of the boys and girls seems to be, that as their occupational training is now mainly in manual subjects and their future will lie in manual occupations, spectacles, which at school were necessary for close work such as reading or writing, are no longer essential. In cases where there is severe defect of vision, the children are urged to wear their glasses regularly, but in cases where only slight defect exists it was felt that too much insistence should not be placed on the wearing of glasses, since in fact this is not absolutely essential for the successful undertaking of the type of work carried out at the centres.

With regard to dental inspections at the centres, this was incorporated by the Medical Officers in their routine medical inspections as, up to the present, no facilities exist for an independent dental inspection. Only those cases where gross dental defects were present were referred for treatment to the dental clinic. On the whole, cases of this description were very few, and a pleasing feature was the relatively high dental standard found amongst boys and girls, especially amongst those who had recently left school.

During the inspections the classification recommended by the Chief Medical Officer of the Board of Education with regard to suitability for entering special employments was adopted, and the

result of such classification is as follows :—

	<i>Boys.</i>	<i>Girls.</i>
Number of Juveniles examined	95	150
(1) Suitable for any type of employment	45	26
(2) Unsuitable for employment involving—		
(a) Severe manual work	32	113
(b) Sedentary work	—	—
(c) Exposure to bad weather	14	11
(d) Work in a dusty atmosphere	7	5
(e) Work near moving machinery	10	14
(f) Prolonged standing	8	60
(g) Work causing eyestrain	5	20
(h) Work requiring acute distant vision	11	65
(i) Work requiring acute hearing	2	5

It should be noted, however, that some of the boys and girls appear more than once in these classifications according as they may be unsuitable for one, two or more types of employment.

Provision for treatment.

With regard to treatment, all the facilities available for children attending Public Elementary Schools are available for these juveniles, but those who are entitled to treatment under the National Health Insurance Scheme are expected to obtain treatment under that Scheme. Treatment for minor ailments, dental and ophthalmic defects, etc., are now fully supplied to those consenting. Cases requiring extra nourishment are recommended for milk. The aid of the physical instructors at the centres was enlisted in giving special exercises for postural deformities, and their help was extremely valuable in undertaking the supervision of cases whose reference in large numbers to our Orthopaedic Centre might have caused severe dislocation in the work.

There are many difficulties in providing complete medical inspection and satisfactory treatment for these children. During the period elapsing between one monthly inspection and another

there may be large departures of children into temporary occupations where they are outside the scope of medical supervision. This breaks that continuity of treatment and observation which is so essential in many cases if definite amelioration of the defect is to be achieved. The return and departure of these children varying with the ebb and flow of the economic demand for their services, constitutes a complex situation where the static conditions of supervision and treatment under the school medical services cannot be applied with complete success.

In carrying out the work the whole-hearted co-operation and the willing assistance shown by the Superintendents of the three centres has been invaluable in overcoming difficulties.

PHYSICAL TRAINING.

I am indebted to Mr. H. A. Lonie, Director of Education, for the following notes on Physical Training.

“ Since my last report Miss Ward has taken her place as one of the Committee’s Organisers of Physical Training. Mr. Wilkinson has resigned his post to take up an appointment in Middlesex and Mr. F. Knibbs, formerly of the Central Council of Recreative Physical Training, has succeeded him.

“ Schools.

“ It is pleasing to note that a daily period of physical activity is becoming the general rule in more and more schools, with beneficial results, both mentally and physically.

“ It is obvious that the best results can only be obtained when the children change into suitable footwear. Few exercises can be performed properly in heavy boots. Rubber shoes should be worn for Physical Training, not only indoors but also out-of-doors if the surface of the ground permits. The difficulty of providing satisfactory storage accommodation for special clothes and shoes for Physical Training has so far prevented the recommendations of Board of Education Circular 1450 being

carried out to the fullest extent, but a certain number of children are now able to take part in the physical exercises in rubber shoes supplied on loan by the Committee.

“ A special course for teachers in Infant Schools was held during the Autumn Term, and the number of teachers who attended demonstrated their interest and keenness. A short games course was also held for men teachers.

“ Playing Fields.

“ There is still little change in the position with regard to playing fields. When the pavilion on the Bishop Road Playing Field is completed and when the field itself has been levelled and improved, it will be possible to make better arrangements for the organised games of the school children.

“ Junior Instruction Centres.

“ Work in the Centres continues to progress. The gymnasium at the Girls' Centre is now completed, and there is no doubt that the girls will benefit greatly from the suitable scheme of work which can now be followed.

“ Evening Institutes.

“ Satisfactory results have been achieved generally, especially in those classes that are run on recreative lines.

“ A successful short course for women teachers was held during the Summer Term.

“ Swimming.

“ Swimming continues to take its place in the school curriculum. The provision of a Bath to be used solely by school children is an urgent necessity, and it is pleasing to note that this is under active consideration.”

BATHS.

The Parr Central Council School, the Windle Pilkington Council School, and the Parr Flat Council Junior School are the only

elementary schools equipped with baths. These are utilised to the utmost capacity.

Weekly spray baths are a routine feature of treatment at the Hamblett Open Air School.

Arrangements are also in force by which school children have the use of the small plunge bath at the Public Baths in Boundary Road for swimming on seven half days per week.

PROVISION OF MEALS.

The arrangements for school meals remain as in previous years. Breakfasts and dinners are provided seven days a week at 3 centres and on five days a week at other 9 centres.

The total number of meals served during the year was 515,547 of which 510,766 were provided free. The total number of individual children receiving free meals was 1,232 and the number who paid for meals was 46. The average total cost per meal was 2.59 pence of which 1.52 pence was for food.

During the course of the year the arrangements made for the provision of meals for school children have been reviewed and an experienced organiser of Domestic Science and Superintendent of School Meals' Centres has been appointed. The National Advisory Council for Juvenile Employment issued an Interim Report during the year, recommending that free meals should be provided in certain circumstances to juveniles attending the Junior Instruction Centre.

It is pleasing to note that during the current year power has been given to do this, and that St. Helens was one of the first to take advantage of these powers.

As in former years the Milk-in-Schools Scheme has been administered on a voluntary basis as a supplement to the provision of school meals. During 1937, 69 departments took advantage of this Scheme and an average of 7,800 children were daily supplied

with a milk ration. In approximately one third of the cases, the Education Committee paid the cost.

In some departments malted milk or cocoa is supplied instead of fresh milk, and during the year approximately 1,000 children were taking malted milk daily, and approximately 200 were taking cocoa.

CO-OPERATION OF PARENTS, TEACHERS AND SCHOOL ATTENDANCE OFFICERS.

Once again tribute must be paid to the help given by the teachers in the work done amongst the school children. Their experience and authority in dealing with the parents is nowhere better used than in supporting the work done in schools by the Medical Officers and School Nurses and their service is always given ungrudgingly.

Close co-operation is also maintained with the School Attendance Department which referred 801 cases to the School Medical Officer for special investigation during the year.

CO-OPERATION WITH VOLUNTARY BODIES.

The assistance given to the School Medical Service by the voluntary organisations of the town has proved, as in former years, of the greatest value. The St. Helens Crippled and Invalid Children's Aid Society, apart from the aids given to crippled children, arranges for and maintains selected cases of weakly and debilitated children at the Southport Convalescent Home. The N.S.P.C.C. has given great assistance in dealing with difficult cases. The St. Helens Police clothing fund for destitute children has been a source of help to many needy children. In addition, the St. Helens and District Society for the Welfare of the Blind, in dealing with blind children, and the St. Helens Juvenile Organisation Committee in organising evening play centres, have materially helped in the welfare of the school child.

STATISTICAL TABLES.

FOR THE YEAR 1937.

ELEMENTARY SCHOOLS—Tables I to VII.

TABLE I.

RETURN OF MEDICAL INSPECTIONS.

A—ROUTINE MEDICAL INSPECTIONS.

Number of Inspections in the prescribed Groups :

Entrants	1653
Second Age Group	1809
Third Age Group	1910
Number of other Routine Inspections (Children under 5 years, other than entrants)	366
Total	5738

B—OTHER INSPECTIONS.

Number of Special Inspections	6142
Number of Re-Inspections	10138
Total	16280

C.—CHILDREN FOUND TO REQUIRE TREATMENT.

Number of *individual children* found at *Routine* Medical Inspection to require treatment
(excluding Defects of Nutrition, Uncleanliness and Dental Diseases).

Group. (1)	For defective vision (excluding squint). (2)	For all other conditions recorded in Table II A. (3)	Total. (4)
Entrants	8	236	242
Second Age Group	82	189	258
Third Age Group	80	327	389
Total (Prescribed Groups)	170	752	889
Other Routine Inspections	—	54	54
GRAND TOTAL	170	806	943

TABLE II.

A—Return of Defects found by Medical Inspection in the year ended 31st December, 1937.

DEFECT OR DISEASE				Routine Inspections		Special Inspections	
				No. of Defects		No. of Defects.	
				Requiring Treatment	Requiring to be kept under observation but not requiring Treatment.	Requiring Treatment	Requiring to be kept under observation but not requiring Treatment.
(1)				(2)	(3)	(4)	(5)
SKIN	{	Ringworm—Scalp	—	—	1	—	
		Body	—	—	14	—	
		Scabies	1	—	30	—	
		Impetigo	38	—	1405	—	
		Other Diseases (Non-Tuber- culous)	16	13	259	18	
EYE	{	Blepharitis	93	—	322	—	
		Conjunctivitis	2	—	78	—	
		Keratitis	—	—	—	—	
		Corneal Opacities	—	—	11	—	
		Other Conditions (Excluding Defective Vision and Squint) Defective Vision (excluding Squint)	6	6	33	1	
EAR	{	Squint	170	275	412	908	
		Squint	56	89	114	307	
		Defective Hearing	11	4	29	11	
		Otitis Media	32	19	171	11	
		Other Ear Diseases	43	18	156	9	
NOSE AND THROAT	{	Chronic Tonsilitis only	79	299	150	134	
		Adenoids only	3	7	3	8	
		Chronic Tonsilitis & Adenoids	121	101	195	154	
		Other Conditions	35	47	148	97	
		ENLARGED CERVICAL GLANDS (Non-Tuberculous)	11	206	58	115	
DEFECTIVE SPEECH				18	32	59	72
HEART AND CIRCULA- TION	{	Heart Disease —Organic	1	21	7	50	
		Functional	—	105	7	97	
		Anæmia	85	59	202	104	
		Bronchitis	77	50	377	126	
		Other Non-Tuberculous Diseases	2	12	196	13	
TUBERCULOSIS	{	Pulmonary—Definite	—	4	6	21	
		Suspected	5	1	7	2	
		Non-Pulm.—Glands	1	11	9	36	
		Bones and Joints	—	4	4	8	
		Skin	2	1	5	—	
NERVOUS SYSTEM	{	Other Forms	—	7	2	20	
		Epilepsy	—	—	3	2	
		Chorea	—	6	38	16	
		Other Conditions	—	9	66	31	
		DEFORMITIES	Rickets	3	—	11	22
OTHER DEFECTS AND DISEASES (excluding Defects of Nutrition, Uncleanliness & Dental Diseases).	{	Spinal Curvature	—	1	6	2	
		Other Forms	147	72	174	137	
		Other Defects and Diseases	13	38	372	82	
Total Number of Defects				1071	1517	5140	2614

B.—Classification of the Nutrition of Children inspected during the year in the Routine Age Groups.

Age-Groups	Number of children inspected	A. (excellent)		B. (Normal)		C. (Slightly Sub-normal)		D. (Bad)	
		No.	%	No.	%	No.	%	No.	%
Entrants	1653	55	3.33	1569	94.92	28	1.69	1	0.06
Second Age Group	1809	65	3.59	1670	92.32	70	3.87	4	0.22
Third Age Group	1910	15	0.78	1832	95.92	62	3.25	1	0.05
Other Routine Inspections	366	10	2.73	351	95.90	5	1.37	—	—
TOTAL	5738	145	2.53	5422	94.49	165	2.87	6	0.10

TABLE III.

Return of all Exceptional Children in the Area on the 31st December, 1937.

BLIND CHILDREN.

(Children who are so blind that they can only be appropriately taught in a school for blind children.)

At Certified Schools for the Blind	At Public Elementary Schools	At other Institutions	At no School or Institution	Total
5	—	—	4	9

PARTIALLY SIGHTED CHILDREN.

(Children who, though they cannot read ordinary school books or cannot read them (even with suitable glasses) without injury to their eyesight, have such power of vision that they can appropriately be taught in a school for the partially blind).

At Certified Schools for the Blind	At Certified Schools for the Partially Blind	At Public Elementary Schools	At other Institutions	At no School or Institution	Total
—	—	9	1	2	12

DEAF CHILDREN.

(Children who are too deaf to be taught in a class of hearing children in an elementary school, and are so deaf that they can only be appropriately taught in a school for the deaf).

At Certified Schools for the Deaf	At Public Elementary Schools	At other Institutions	At no School or Institution	Total
13	—	—	2	15

PARTIALLY DEAF CHILDREN.

(Children who can be appropriately taught in a school for the partially deaf).

At Certified Schools for the Deaf	At Certified Schools for the partially deaf	At Public Elementary Schools	At other Institutions	At no School or Institution	Total
—	—	3	—	—	3

MENTALLY DEFECTIVE CHILDREN.

Children (excluding children notified to the Local Authority under the Mental Deficiency Act) who, not being imbecile and not being merely dull or backward, are incapable by reason of mental defect of receiving proper benefit from the instruction in the ordinary Public Elementary Schools but are not incapable by reason of that defect of receiving benefit from instruction in Special Schools for mentally defective children).

At Certified Schools for Mentally Defective Children	At Public Elementary Schools	At other Institutions	At no School or Institution	Total
13	16	2	3	34

EPILEPTIC CHILDREN.

(Children suffering from Severe Epilepsy, who, not being idiots or imbeciles are unfit by reason of severe epilepsy to attend the ordinary Public Elementary Schools).

At Certified Special Schools	At Public Elementary Schools	At other Institutions	At no School or Institution	Total
1	1	—	5	7

PHYSICALLY DEFECTIVE CHILDREN.

A.—TUBERCULOUS CHILDREN.

(Children diagnosed as tuberculous **and requiring treatment for tuberculosis** at a sanatorium, a dispensary, or elsewhere).

I.—Children Suffering from Pulmonary Tuberculosis.
(including pleura and intra-thoracic glands).

At Certified Special Schools	At Public Elementary Schools	At other Institutions	At no School or Institution	Total
—	—	*2	2	4

*At Eccleston Hall Sanatorium School.

II.—Children Suffering from Non-Pulmonary Tuberculosis.

At Certified Special Schools	At Public Elementary Schools	At other Institutions	At no School or Institution	Total
5	8	*6	3	22

* At Eccleston Hall Sanatorium School.

B.—DELICATE CHILDREN.

(Children (except those included in other groups) whose general health renders it desirable that they should be specially selected for admission to an Open Air School).

At Certified Special Schools	At Public Elementary Schools	At other Institutions	At no School or Institution	Total
116	132	—	—	248

C.—CRIPPLED CHILDREN.

(Children (other than those diagnosed as tuberculous and in need of treatment for that disease) suffering from a degree of crippling sufficiently severe to interfere materially with a child's normal mode of life).

At Certified Special Schools	At Public Elementary Schools	At other Institutions	At no School or Institution	Total
1	35	5	7	48

D.—CHILDREN WITH HEART DISEASE.

(Children whose defect is so severe as to necessitate the provision of educational facilities other than those of the Public Elementary School).

At Certified Special Schools	At Public Elementary Schools	At other Institutions	At no School or Institution	Total
1	18	—	6	25

CHILDREN SUFFERING FROM MULTIPLE DEFECTS.

(Children suffering from any combination of the following types of defect:—Blindness (not Partial Blindness), Deafness (not Partial Deafness), Mental Defect, Epilepsy, Active Tuberculosis, Crippling (as defined in Section C. of this Table), Heart Disease).

Combination of Defect	At Certified Special Schools	At Public Elementary Schools	At Other Institutions	At no School or Institution	Total
Blind and Deaf	1	—	—	—	1
Blind, Crippled and Feeble-minded	—	—	—	2	2
Feeble-minded and Epilepsy	—	—	1	2	3
Feeble-minded and Crippled	—	—	—	1	1
Feeble-minded and Heart	—	1	—	—	1
Blind and Epilepsy	—	—	—	1	1
Total	1	1	1	6	9

TABLE IV.

Return of Defects Treated during the Year ended 31st December, 1937.

TREATMENT TABLE.

Group I.—Minor Ailments (excluding Uncleanliness, for which see Table VI)

DISEASE OR DEFECT	Number of Defects referred for Treatment	Number of Defects treated, or under treatment during the year.		
		Under the Authority's Scheme	Otherwise	Total
SKIN—Ringworm, Scalp—				
(i) X-Ray Treatment... ..	1	1	—	1
(ii) Others	—	—	—	—
Ringworm, Body	14	14	—	14
Scabies	31	31	—	31
Impetigo	1443	1385	52	1437
Other skin disease	275	268	5	273
MINOR EYE DEFECTS—				
(External and other, but excluding cases falling in Group II).	545	468	62	530
MINOR EAR DEFECTS	442	361	57	418
MISCELLANEOUS—				
(e.g., minor injuries, bruises, sores, chilblains, etc.)	1117	1114	3	1117
Total	3868	3642	179	3821

Group II.—Defective Vision and Squint (excluding Minor Eye Defects treated as Minor Ailments—Group I).

DEFECT OR DISEASE	Number of Defects referred for Treatment	No. OF DEFECTS DEALT WITH.			
		Under the Authority's Scheme.	Submitted to refraction by private practitioner or at Hospital, apart from the Authority's Scheme.	Otherwise	Total
Errors of Refraction (including Squint)	752	676	36	8	720
Other Defect or Disease of the Eyes (excluding those recorded in Group I)	—	—	—	—	—
Total	752	676	36	8	720

Total number of children for whom spectacles were prescribed—

(a) Under the Authority's Scheme	...	...	...	...	...	...	551
(b) Otherwise	...	...	...	...	...	...	34

Total number of children who obtained or received spectacles—

(a) Under the Authority's Scheme	...	...	...	...	...	...	551
(b) Otherwise	...	...	...	...	...	...	34

Group III.—Treatment of Defects of Nose and Throat.

Referred for treatment	Number of Defects.													Received other forms of treat- ment.	Total number treated
	Received Operative Treatment.														
	Under the Authority's Scheme in Clinic or Hospital				By Private Practitioner or Hospital apart from the Authority's Scheme				Total						
	(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)			
734	—	1	363	21	3	1	30	5	3	2	393	26	75	499	

- (i) Tonsils only.
- (ii) Adenoids only.
- (iii) Tonsils and adenoids.
- (iv) Other defects of the nose and throat.

Group IV.—Orthopaedic and Postural Defects.

Number of children treated.						Total
Under the Authority's Scheme			Otherwise			
Residential treatment with education	Residential treatment without education	Non-residential treatment at an orthopaedic clinic	Residential treatment with education	Residential treatment without education	Non-residential treatment at an orthopaedic clinic	
11	10	528	—	—	8	536

TABLE V.
Dental Inspection and Treatment.

(1) Number of Children who were :—		(2) Half-days devoted to :—	
(a) Inspected by the Dentist :		Inspection ... 132	
Routine Age Groups	Aged : { 2— 2 }	Treatment ... 1128	Total 1260
	3— 461		
	4—1132		
	5—1805		
	6—1984		
	7—1678		
	8—1690		
	9—1647		
	10—1692		
	11—1750		
	12—1605		
	13—1796		
	14— 493		
	15— 138		
	16— 16		
	Total 17889		
Specials	469		
	Grand Total ...		18358
(b) Found to require treatment	10277		
(c) Actually treated ...	7649		
		(3) Attendances made by children for treatment ...	9461
		(4) Fillings :—	
		Permanent teeth 4177	
		Temporary teeth 908	Total 5085
		(5) Extractions :—	
		Permanent teeth 2892	
		Temporary teeth 8653	Total 11545
		(6) Administrations of general anæsthetics for extractions	2049
		(7) Other Operations :—	
		Permanent teeth 801	
		Temporary teeth 94	Total 895

*Note :—*In addition to the above inspections, 10436 children were re-inspected during the year.

TABLE VI.
Uncleanliness and Verminous Conditions.

(i.) Average number of visits per school made during the year by the School Nurses...	64
(ii.) Total number of examinations of children in the Schools by School Nurses	50499
(iii.) Number of individual children found unclean	2128
(iv.) Number of children cleansed under arrangements made by the Local Education Authority	—
(v.) Number of cases in which legal proceedings were taken :	
(a) Under the Education Act, 1921	Nil
(b) Under School Attendance Byelaws	Nil

TABLE VII.

Summary of Treatment of Defects.

DISEASE OR DEFECT					NUMBER OF DEFECTS			
					Referred for Treatment	TREATED		
						Under local Education Authority's Scheme	Otherwise	Total
Minor Ailments	...	...	...	...	3868	3642	179	3821
Visual Defects ...	...	...	...	...	752	676	44	720
Defects of Throat and Nose	...	...	...	...	734	386	87	473
Dental Defects	{ Referred by Dentist				10277	7648	225	7873
	{ „ by School M.O.				110	1	15	16
Other Defects ...	...	...	...	...	1974	1659	199	1858
Total ...					17715	14038	749	14787

SECONDARY SCHOOLS—Tables VIII to XIV.

TABLE VIII.

RETURN OF MEDICAL INSPECTIONS.

A—ROUTINE MEDICAL INSPECTIONS.

Number of Inspections—							
Age	4	—	3	Age	12	—	113
	5	—	20		13	—	161
	6	—	21		14	—	150
	7	—	20		15	—	115
	8	—	47		16	—	76
	9	—	33		17	—	44
	10	—	55		18	—	8
	11	—	114		19	—	3
				Total	...		983

B.—OTHER INSPECTIONS.

Number of Special Inspections	...	...	...	...	...	...	53
Number of Re-inspections	...	...	...	...	...	...	120
Total							173

C.—CHILDREN FOUND TO REQUIRE TREATMENT.

Number of *individual children* found at *Routine* Medical Inspection to Require Treatment (excluding Defects of Nutrition, Uncleanliness and Dental Diseases).

Group.	For defective vision (excluding squint).	For all other conditions recorded in Table IX A.	Total.
(1)	(2)	(3)	(4)
All Ages	39	25	63

TABLE IX.

A.—Return of Defects found by Medical Inspection in the Year ended 31st December, 1937.

DEFECT OR DISEASE				Routine Inspections		Special Inspections	
				No. of Defects		No. of Defects	
				Requiring Treatment	Requiring to be kept under observation but not requiring Treatment.	Requiring Treatment	Requiring to be kept under observation but not requiring Treatment
(1)		(2)	(3)	(4)	(5)		
SKIN	{	Ringworm—Scalp	—	—	—	—	—
		Body	—	—	—	—	—
		Scabies	—	—	—	—	—
		Impetigo	—	—	—	—	—
		Other Diseases (Non-Tuberculous)... ..	—	—	—	—	—
EYE	{	Blepharitis	6	—	1	—	—
		Conjunctivitis	—	—	—	—	—
		Keratitis	—	—	—	—	—
		Corneal Opacities	—	—	—	—	—
		Other Conditions (excluding Defective Vision and Squint)	—	—	1	—	—
EAR	{	Defective Vision (excluding Squint)... ..	39	177	16	2	2
		Squint	1	1	—	—	—
		Defective Hearing	—	3	—	—	—
		Otitis Media	—	1	—	—	—
		Other Ear Diseases	6	2	1	2	2
NOSE AND THROAT	{	Chronic Tonsilitis only	2	23	1	4	4
		Adenoids only	—	2	—	—	—
		Chronic Tonsilitis & Adenoids	2	7	—	—	—
ENLARGED CERVICAL GLANDS (Non-Tuberculous)	{	Other Conditions	—	4	—	1	1
		DEFECTIVE SPEECH	1	13	—	—	—
		HEART & CIRCULATION	1	2	—	—	3
LUNGS	{	Heart Disease—Organic	—	4	—	1	1
		Functional	—	16	—	—	5
		Anæmia... ..	1	8	—	—	1
TUBERCULOSIS	{	Bronchitis	1	—	—	—	1
		Other Non. T.B. Diseases	—	2	—	—	1
		Pulmonary—Definite	—	—	—	—	—
NERVOUS SYSTEM	{	Suspected	—	—	—	—	—
		Non-Pulm.—Glands	—	—	—	—	—
		Bones and Joints	—	—	—	—	—
DEFORMITIES	{	Skin	—	—	—	—	—
		Other Forms	—	—	—	—	—
		Epilepsy	—	—	—	—	—
OTHER DEFECTS AND DISEASES... (excluding Defects of Nutrition, Uncleanliness and Dental Diseases).	{	Chorea	—	—	—	—	—
		Other Conditions	—	1	—	—	—
		Rickets	—	—	—	—	—
Total Number of Defects	{	Spinal Curvature	—	—	—	—	—
		Other Forms	3	14	—	2	2
		OTHER DEFECTS AND DISEASES... (excluding Defects of Nutrition, Uncleanliness and Dental Diseases).	1	6	3	—	—
Total Number of Defects				64	286	23	26

B.—Classification of the Nutrition of Children inspected during the year.

Number of Children Inspected	A. (Excellent)		B. (Normal)		C. (Slightly Sub-normal)		D. (Bad)	
	No.	%	No.	%	No.	%	No.	%
983	100	10.2	869	88.4	14	1.4	—	—

TABLE X.

Return of all Exceptional Children in the area on the 31st December, 1937.

(NOTE :—The definitions for the purposes of this Table are the same as those shown in Table III of the statistics for Elementary Schools).

BLIND CHILDREN.

Nil.

PARTIALLY SIGHTED CHILDREN.

Nil.

DEAF CHILDREN.

Nil.

PARTIALLY DEAF CHILDREN.

Nil.

MENTALLY DEFECTIVE CHILDREN.

Nil.

EPILEPTIC CHILDREN.

Nil.

PHYSICALLY DEFECTIVE CHILDREN.**A.—TUBERCULOUS CHILDREN.****I.—Children Suffering from Pulmonary Tuberculosis.**

Nil.

II.—Children Suffering from Non-Pulmonary Tuberculosis.

At Certified Special Schools	At Secondary Schools	At other Institutions	At no School or Institution	Total
1	—	—	—	1

B. DELICATE CHILDREN.

At Certified Special Schools	At Secondary Schools	At other Institutions	At no School or Institution	Total
—	1	—	—	1

C. CRIPPLED CHILDREN.

At Certified Special Schools	At Secondary Schools	At other Institutions	At no School or Institution	Total
—	—	—	—	—

D. CHILDREN WITH HEART DISEASE.

At Certified Special Schools	At Secondary Schools	At other Institutions	At no School or Institution	Total
—	—	—	—	—

CHILDREN SUFFERING FROM MULTIPLE DEFECTS

Nil.

TABLE XI.

Return of Defects Treated during the Year ended 31st December, 1937.

TREATMENT TABLE.

Group I.—Minor Ailments (excluding Uncleanliness, for which see Table XIII).

DISEASE OR DEFECT (1)	Number of Defects referred for Treatment (2)	Number of Defects treated, or under treatment during the year.		
		Under the Authority's Scheme (3)	Otherwise (4)	Total (5)
SKIN—Ringworm, Scalp—				
(i) X-Ray Treatment 	—	—	—	—
(ii) Others 	—	—	—	—
Ringworm, Body 	—	—	—	—
Scabies 	—	—	—	—
Impetigo 	—	—	—	—
Other Skin Disease 	—	—	—	—
MINOR EYE DEFECTS—				
(External and other, but excluding cases falling in Group II) 	8	3	5	8
MINOR EAR DEFECTS 	7	1	6	7
MISCELLANEOUS—				
(e.g., minor injuries, bruises, sores, chil- blains, etc.) 	—	—	—	—
Total 	15	4	11	15

Group II.—Defective Vision and Squint (excluding Minor Eye Defects treated as Minor Ailments—Group I).

DEFECT OR DISEASE (1)	Number of Defects referred for Treatment (2)	No. OF DEFECTS DEALT WITH.			
		Under the Authority's Scheme. (3)	Submitted to refraction by private practitioner or at Hospital apart from the Authority's Scheme. (4)	Otherwise (5)	Total (6)
Errors of Refraction (including Squint) Other Defect or Disease of the Eyes (excluding those recorded in Group I.) ...	56 —	47 —	6 —	— —	53 —
Total ...	56	47	6	—	53

Total number of children for whom spectacles were prescribed:									
(a) Under the Authority's Scheme	...	...	...	...	...	...	...	...	39
(b) Otherwise	...	...	...	...	...	...	...	...	4
Total number of children who obtained or received spectacles :									
(a) Under the Authority's Scheme	...	...	...	...	...	...	...	...	39
(b) Otherwise	...	...	...	...	...	...	...	...	4

Group III.—Treatment of Defects of Nose and Throat.

Referred for treatment	Number of Defects.												Received other forms of treatment	Total number treated
	Received Operative Treatment													
	Under the Authority's Scheme, in Clinic or Hospital				By Private Practitioner or Hospital, apart from the Authority's Scheme				Total					
	(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)		
5	—	—	1	—	—	—	1	—	—	—	2	—	—	2

- (i) Tonsils only.
- (ii) Adenoids only.
- (iii) Tonsils and adenoids.
- (iv) Other defects of the nose and throat.

Group IV.—Orthopaedic and Postural Defects.

Number of Children Treated.						
Under the Authority's Scheme			Otherwise			Total
Residential treatment with education	Residential treatment without education	Non-residential treatment at an orthopaedic clinic	Residential treatment with education	Residential treatment without education	Non-residential treatment at an orthopaedic clinic	
1	—	8	—	—	2	10

TABLE XII.

Dental Inspection and Treatment.

(1) Number of children who were :—				(2) Half-days devoted to :—					
(a) Inspected by the Dentist :				Treatment ...	...22	} Total	31	
Aged :				Inspection ...	... 9			
Routine Age Groups	{	4	—	2	14	—	113	(3) Attendances made by Children for treatment ...	268
		5	—	12	15	—	123		
		6	—	17	16	—	88		
		7	—	22	17	—	52		
		8	—	35	18	—	15		
		9	—	40	19	—	6		
		10	—	35					
		11	—	86					
		12	—	154			(4) Fillings :—		
		13	—	145	Total	945			
Specials	4					(5) Extractions :—	
Grand Total	...	...	949				
(b) Found to require treatment	377	Permanent Teeth	...115	} Total	122	(6) Administrations of general anæsthetics for extractions ...	32
(c) Actually treated	...	...	109	Temporary Teeth	7		
				Permanent Teeth	...117	} Total	158	(7) Other Operations :—	
				Temporary Teeth	... 41				
				(6) Administrations of general anæsthetics for extractions ...					
				Permanent Teeth	...52	} Total	52	(7) Other Operations :—	
				Temporary teeth	...—				

NOTE.—In addition to the above inspections, 969 children were re-inspected during the year, and of those, 282 were found to require treatment.

TABLE XIII.

Uncleanliness and Verminous Conditions.

(i.) Average number of visits per school made during the year by the School Nurses	20
(ii.) Total number of examinations of children in the Schools by School Nurses	983
(iii.) Number of individual children found unclean... ..	—
(iv.) Number of children cleansed under arrangements made by the Local Education Authority	—
(v.) Number of cases in which legal proceedings were taken :	
(a) Under the Education Act, 1921... ..	—
(b) Under School Attendance Byelaws	—

TABLE XIV.

Summary of Treatment of Defects.

DISEASE OR DEFECT	NUMBER OF DEFECTS			
	Referred for Treatment	TREATED		Total
		Under local Education Authority's Scheme	Otherwise	
Minor Ailments	15	4	11	15
Visual Defects	56	47	6	53
Defects of Throat and Nose	5	1	1	2
Dental } Referred by Dentist	377	109	258	367
Defects } Referred by School M.O.... ..	2	—	1	1
Other Defects	8	3	4	7
Total	463	164	281	445